



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E452328**

CASE #	15-01956		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	01	OBJECT STRUCK	STREET LIGHT POLE GUIDE WIRE

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>
TRIBAL RESERVATION <input type="checkbox"/>		

DATE OF COLLISION	08 - 04 - 2015	TIME (2400)	2249	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>			
S LAKE STEVENS RD			BLOCK NO. <input checked="" type="checkbox"/>	11300	MILE POST <input type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	MARCINEK	FIRST NAME	DAVID	MIDDLE INITIAL	J
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STREET NEW ADDRESS	11318 36 ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MARCIDJ156M1	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	07	21	1985
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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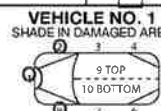
LICENSE PLATE #	AIC7300	STATE	WA	VIN#	JHMEG8650SS020158
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1995	MAKE	HOND	MODEL	CIVIC	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME		FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX		D.O.B.	MMDDYYYY			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			



OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E452328**

CASE # **15-01956**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 08/04/15 at about 2249 hours (all times approximate), law enforcement and aid respond to a priority collision at 11300 S Lake Stevens Rd, in the city of Lake Stevens.

At 2258 hours I responded to the above incident and arrived at 2308 hours. No witnesses claimed to have seen the collision. Vehicle 1 (LIC: AIC7300), appeared to have been driving eastbound on S Lake Stevens Rd, near the 11300 block lost control, skidded across the double yellow line and came to rest on the south side of the road. Vehicle 1's front right wheel was caught around a guide wire for a power pole.

Reference Snohomish County Sheriff's case (\$SO15013971) for the DUI charge.

Vehicle 1 was towed away from the scene by Rescue Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

08-15-15 05:35 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

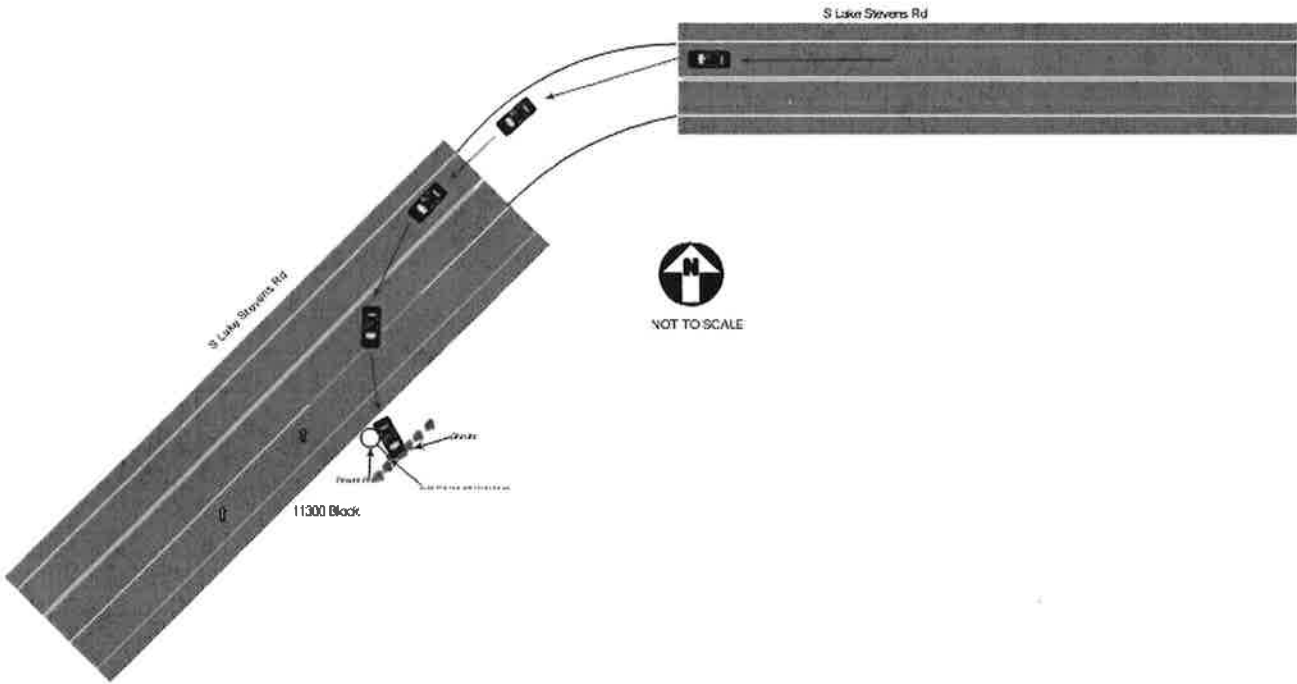
APPROVED BY

DATE

ROBERT MINER 095

8/16/2015 10:21:14 AM

BADGE OR ID #	127	ORI #	WA0311900	TIME POLICE DISPATCHED	10:50 PM	TIME POLICE ARRIVED	10:57 PM
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LSPD
ORIGINAL







LSPD
ORIGINAL





LSPD
ORIGINAL



**LSPD
ORIGINAL**

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>Liams #127</i>	Case Number <i>15-01956</i>
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>	Type of Case: <i>Collision</i>	Date/Time: <i>8/5/15 0432</i>
Action Number: <i>3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING</i> *Evi will be held until court dispo or when the Statute of Limitations has expired *Found and S/kg will be held for 60 days or 60 days past owner notification		

Case # 15-01956

Item #	Item	Brand Name			Storage Location	Disposition		
	Brand/Model/Caliber	(Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Action #								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item	Brand Name			Storage Location	Disposition		
	Brand/Model/Caliber	(Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Action #								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item	Brand Name			Storage Location	Disposition		
	Brand/Model/Caliber	(Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Action #								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item	Brand Name			Storage Location	Disposition		
	Brand/Model/Caliber	(Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Action #								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item	Brand Name			Storage Location	Disposition		
	Brand/Model/Caliber	(Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Action #								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Closed	08/04/15	23:50:32
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Loc: 11300 S LAKE STEVENS RD ,LKS low xst: ROADWAY IN CITY (V)

Name: _____ Addr: _____ Phone: _____

/2312	(SP0261)	MISC	19N3	, WSP ENRT
/2313		CROSS		#S015127669
/2313	(*****)	REMINQ	19N3	AIC7300
/2313	(SP0261)	REMINQ	19N3	LIC, 19N3, AIC7300,, ,
/2323	(SS127)	*ASNCAS	19N3	\$S15001956
/2324		REMINQ	19N3	MDTVEH, AIC7300,, WA,,,,,,,,,,,,,
/2350	(SP0261)	CLEAR	19N3	D/H

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/2350      (S10201)  CLEAR      19N3  D/H
/2350      CLOSE
/2350      CHANGE      LOC: 11300 S LAKE STEVENS --> 11300 S LAKE STEV
                        ENS RD , LKS,
                        BLK: --> SS003

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